CITY OF BRANSON 110 W MADDUX STE 215 BRANSON, MO 65615 417-337-8549 FAX: 417-334-2391

CITY OF BRANSON PAVING PERMIT APPLICATION

PERMIT NUMBER:	
ATE RECEIVED:	

PROJECT NAME		PROJECT STREET ADDRESS		
OWNER	PHONE:	DESCRIPTION OF WORK		
	MOBILE:			
OWNER'S MAILING ADDRESS	FAX:			
	E-MAIL:			
ARCHITECT	PHONE:			
	MOBILE:			
ARCHITECT'S MAILING ADDRESS	FAX:	ESTIMATED VALUE OF THE PROJECT		
	E-MAIL:			
CONTRACTOR	PHONE:	NUMBER OF EXISTING SPACES NUMBER OF PROPOS	SED SPACES NUMBER OF HANDICAP	
	MOBILE:	┪ ।	SPACES	
CONTRACTOR'S MAILING ADDRESS	FAX:	SQUARE FEET		
	E-MAIL:			
I hereby certify that I am the owner or duly authorized owner's agent, that I have read this application and that all information is correct. I further certify that I have read, understand and will comply with all the provisions outlined hereon. I also certify that the plot plan submitted is a complete and accurate plan showing any and all existing and proposed structures on the subject property.			DATE:	
APPLICANT SIGNATURE	DATE	FIRE:		
Please Print Name	<u> </u>	HEALTH:		
PROVISIONS: The issuance of this permit shall not be co		nts BUILDING:		
from the obligation to comply with the provisions of all laws and ordinances, including federal, state and local jurisdictions, which regulate construction and performance of construction. This permit becomes null and void if the construction work authorized is not begun within 180 days from date of issue or if at any time prior to the final inspection and approval the work is suspended or abandoned for 180 days.		LANDSCAPING:		
IT IS IMPORTANT TO CALL FOR INSPECTION AT LEAST 24-HOURS IN ADVANCE 337-8505		ENGINEERING/PUBLIC WORKS:		
NOTICE: The permit issued shall be displayed on job site	-	POLICE/CIS:		
Inspection Card must be present on site at all times for in turned in to the Planning & Development Department for Compliance. All subcontractors must have a Branson Ci	the issuance of a Certificate of Occupancy or			
Department.	· · · · · ·			